

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Clear Channel Outdoor</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2015</b>	
Mailing Address <b>PO Box 591790</b>		Amount <b>45300.00</b>	
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78259-0139</b>	Transaction ID : <b>D689894</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2015</b>	
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>46556.44</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lamar Companies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2015</b>	
Mailing Address <b>PO Box 96030</b>		Amount <b>19687.50</b>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70896</b>	Transaction ID : <b>D689968</b>
Purpose of Expenditure <b>Print advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 09 / 2015</b>	
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>19687.50</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>SC</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>64987.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 16 / 2015**

Signature